

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 001000001		CITY OR TOWN	1 ADAMS	
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME DOING BUSINES: ADDRESS 6 ANT	S A MT. CLUB	EIN, INC			
CITY/TOWN: AL		STATE: MA	ZIP CODE:	01220	
	ASSACONI, T ARLES J., JR	TYPE OF LICENSE: (lub	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PRE	MISES:			
ONE ROOM FIRS	T FLOOR IN A TV	VO STORY BLDG,C	ELLAR USED FOR	STORAGE.	
2. the licen	nsee has complied w	of the same type for the vith all laws of the Confor business (If not ex	nmonwealth relating		
SIGNED BY	Individual, Part	ner or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ed by the building	are in possession (1) inspector and the he	ad of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] 		LOCAL LICEN By:	ISING AUTHO	ORITY
DATE:			-		



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 001000002	•	CITY OR TOWN ADAMS	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE N.	AME: ADAMS LOD	GE #1335 B.P.O. ELKS		
DOING BUSI	NESS A			
ADDRESS 63	CENTER ST			
CITY/TOWN:	: ADAMS	STATE: MA	ZIP CODE: 01220	
MANAGER:	CATRAMBONE, JOSEPH	TYPE OF LICENSE: Club	CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
	N OF LICENSED PRE			
COMMITTEE		ON SECOND FLOOR,BA	ROOMS ON FIRST FLOOR, SEMENT USED FOR STORA	
I hereby certify	y and swear under pena	alties of perjury that:		
1. the	renewed license will be	e of the same type for the s	ame premises now licensed;	
2. the	licensee has complied	with all laws of the Commo	onwealth relating to taxes; and	
3. the	premises are now oper	n for business (If not explai	n below)	
SIGNED BY	Individual, Par	rtner or Authorized Corpor	ate Officer	
DATE:	TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the buildin	g inspector and the head	certificate required by Chap of the fire department for th ance required by Chapter 11	e above
Please Check Bel	ow:		LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	u expiain)			
DATE:				



www.mass.gov/abcc

LICENSE NUMBE	ER: 001000004		CITY OR TOWN	N ADAMS	
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	E: DENSUE, INC.				
DOING BUSINESS	S A CHICK'S LUNCH				
ADDRESS 128 CC	DLUMBIA ST				
CITY/TOWN: AL	DAMS	STATE: MA	ZIP CODE:	01220	
MANAGER: KN	APP, DENNIS E. TYPE	OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	3:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR F	EMAIL ADDRESS		_
	F LICENSED PREMISE				
ONE ENTRANCE STORAGE.	AND TWO EXITS,ON	E FLOOR, FOUR	ROOMS. CELLA	R USED FOR	
I hereby certify and	swear under penalties o	f perjury that:			
1. the rene	wed license will be of th	e same type for the	e same premises no	w licensed;	
	see has complied with a		_	g to taxes; and	
3. the pren	nises are now open for b	usiness (If not expl	lain below)		
SIGNED BY	Individual, Partner o	r Authorized Corp	orate Officer		
	, , , , , , , , , , , , , , , , , , , ,				
DATE:	TELEPHONE	NI IMRER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEELITIONE	IVOIVIDER.	(Note: NOT)	Individual Social S	Security Number)
XXI o 4h o ren d'orroi orro	ad a44aa4 4ha4a aa !r			inad hu Chana	204 of the
	ed, attest that we are in ed by the building insp				
named license and of 2010.	l (2) the certificate of li	quor liability inst	ırance required b	y Chapter 110	of the Acts
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	loin				
(If disapproved exp	nam)				
DATE:					
APPLICATION FOR RENI	EWAL MUST BE FILED BY LIC	ENSEES DURING THE M	MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 001000005		CITY OR TOWN	ADAMS
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	COMMERCIAL	STREET CAFE, INC		
DOING BUSINESS	A THE VIKING P	'UB		
ADDRESS 077-83 (COMMERCIAL ST			
CITY/TOWN: ADA	AMS	STATE: MA	ZIP CODE:	01220
MANAGER: LEE,	, SCOTT D. TY	YPE OF LICENSE: R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF				
FIRST FLOOR OF A STORAGE.	A THREE STORY	BLDG, 2 ROOMS A	ND KITCHEN, CEL	LAR USED FOR
I hereby certify and s	swear under penaltic	es of perjury that:		
1. the renew	ed license will be o	of the same type for the	e same premises now	licensed;
	•	th all laws of the Com	•	o taxes; and
3. the premi	ses are now open fo	or business (If not exp	lain below)	
SIGNED BY	Individual Partne	er or Authorized Corp	oorate Officer	
	individual, i di in	or radionized corp	orate officer	
DATE:	TELEBIO	NE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
	TELEPHO	NE NUMBER:		lividual Social Security Number)
Acts of 2004, signed	d by the building in	nspector and the hea	nd of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	ain)			
DATE:				
DAIL.				



www.mass.gov/abcc

LICENSE NU	MBER: 001000007		CITY OR TOWN	1 ADAMS	
APPLICATIO:	N FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: FOREST PAR	K COUNTRY CLUB IN	IC.		
DOING BUSI	NESS A				
ADDRESS 41	FOREST PARK AVE	3			
CITY/TOWN:	ADAMS	STATE: MA	ZIP CODE:	01220	
MANAGER:	CARDIN, BRUCE E.	TYPE OF LICENSE: Cl	ub (CATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
	N OF LICENSED PRI				
		ACANT ATTIC,4 ROOM NCLUDES A ONE STOI			
I hereby certify	and swear under pena	alties of perjury that:			
1. the	renewed license will b	e of the same type for the	e same premises no	w licensed;	
2. the	licensee has complied	with all laws of the Com	monwealth relating	to taxes; and	
3. the	premises are now open	n for business (If not expl	ain below)		
SIGNED BY					
	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:	TELEPI	HONE NUMBER:		ER IDENTIFICAT	
			(Note: NOT I	ndividual Social S	Security Number)
Acts of 2004,	signed by the buildin	e are in possession (1) the g inspector and the hea te of liquor liability insu	d of the fire depar	tment for the	above
Please Check Belo	<u>ow:</u>		LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	l explain)				
DATE:					



www.mass.gov/abcc

LICENSE NUMBER: 00	1000008		C	ITY OR TO	WN ADAM	IS
APPLICATION FOR RE	NEWAL:	Annı	ıal	LI	CENSED FO	R 2013
		CLA	SS			YEAR
LICENSEE NAME: NICENSEE	CHOLAS ENTE	RPRISES, IN	IC.			
DOING BUSINESS A B	OUNTI-FARE F	RESTAURAN	ЛТ			
ADDRESS 200 HOWLA	ND AVE.					
CITY/TOWN: ADAMS		STATE:	MA	ZIP COD	E: 01220	ı
MANAGER: NICHOLA DAVID V	,	E OF LICEN	SE:Restau	ırant	CATEGOI	RY: All Alcohol
EMAIL ADDRESS:						
PLEAS	SE ALSO VISIT OUR WE	BSITE AND ENTER	R YOUR EMAII	L ADDRESS		
DESCRIPTION OF LICE						
3 ENTRANCES,2 EXITS GARDEN, STOCK ROO						RRACE
I hereby certify and swear	r under penalties	of perjury tha	at:			
1. the renewed lie	cense will be of t	the same type	for the sar	me premises	now licensed	ļ ;
2. the licensee ha	as complied with	all laws of th	e Commor	nwealth relat	ing to taxes; a	and
3. the premises a	re now open for	business (If n	ot explain	below)		
SIGNED BY						
Inc	dividual, Partner	or Authorized	d Corporat	te Officer		
DATE:	TELEPHONI	E NUMBER:				TICATION NUMBER:
				(Note: NC	<u>or</u> Individual So	cial Security Number)
We the undersigned, at Acts of 2004, signed by named license and (2) the of 2010.	the building ins	pector and t	he head of	f the fire de	partment for	the above
Please Check Below:				LOCAL LIC	CENSING AU	THORITY
APPROVED:				By:		
DISAPPROVED: (If disapproved explain)						
(11 disappioved expialli)						
DATE:						



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 001000009		CITY OR TOWN	ADAMS	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: Mak's Grill, Inc				
DOING BUSINESS A RASCALS				
ADDRESS 32 NORTH SUMMER ST.				
CITY/TOWN: ADAMS	STATE: MA	ZIP CODE:	01220	
MANAGER: Levesque, Marci TY	YPE OF LICENSE: Rest	aurant CA	TEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREM ONE FLOOR, THREE ROOMS AND S I hereby certify and swear under penaltic 1. the renewed license will be o 2. the licensee has complied wi 3. the premises are now open for SIGNED BY	TOCK IN CELLAR IN es of perjury that: of the same type for the seth all laws of the Comm	Same premises now conwealth relating to in below)	licensed;	
DATE: TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER: ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building is named license and (2) the certificate of 2010.	nspector and the head	of the fire departn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



www.mass.gov/abcc

LICENSE NUMBER	.: 001000011		CITY OR TO	OWN ADAMS	
APPLICATION FOR	R RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	ADAMS POST #1	60 INC. THE AM	LEG.DEPT.OF N	MA.	
DOING BUSINESS	A ADAMS POST #	ŧ 160			
ADDRESS 160 FOR	EST PARK AVENU	JE			
CITY/TOWN: ADA	MS	STATE: MA	A ZIP COD	E: 01220	
	HILAIRE, TYI MENT	PE OF LICENSE:	Veterans club	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF I					
WOODEN BUILDIN NO BASEMENT.	IG TWO STORIES.	KITCHEN, BAR	STORAGE. MAI	N HALL WITH	DECK.
I hereby certify and s	wear under penalties	s of perjury that:			
1. the renew	ed license will be of	the same type for t	he same premises	now licensed;	
2. the license	ee has complied with	all laws of the Co	mmonwealth relat	ting to taxes; and	
3. the premis	ses are now open for	business (If not ex	plain below)		
SIGNED BY					
	Individual, Partner	or Authorized Co	rporate Officer		
DATE:	TELEPHON	IE NUMBER:		OYER IDENTIFICAT	
			(Note: NC	<u>OT</u> Individual Social S	Security Number)
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building in	spector and the h	ead of the fire de	partment for the	e above
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	:)				
(If disapproved expla	.111)				
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	3ER: 001000012		CITY OR TOWN	ADAMS	
APPLICATION I	FOR RENEWAL:	Annual	LICEN	ISED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAM	ME: RED CARPET RES	ΓAURANT, INC			
DOING BUSINE	ESS A RED CARPET RES	STAURANT			
ADDRESS 69 PA	ARK ST				
CITY/TOWN: A	ADAMS	STATE: MA	ZIP CODE:	01220	
MANAGER: B	ARTLETT, ANN TYPE 1.	OF LICENSE:	Restaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION (OF LICENSED PREMISE	ES:			
	OOM ON THE FIRST FLO CELLAR USED FOR ST		DDEN BUILDING CO	ONSISTING O	OF A
I hereby certify a	nd swear under penalties o	f perjury that:			
	newed license will be of th	• •	•		
	ensee has complied with a		· ·	o taxes; and	
3. the pre	emises are now open for b	usiness (If not ex	plain below)		
SIGNED BY	Late that Design	. A. 4 1.C.	OCC		
	Individual, Partner o	r Authorized Col	rporate Officer		
DATE:			EMPLOWER		ON MIR (DED
DATE.	TELEPHONE	NUMBER:		R IDENTIFICATI dividual Social Se	
			`		
Acts of 2004, sig	gned, attest that we are in gned by the building insp nd (2) the certificate of li	ector and the he	ead of the fire depart	ment for the a	above
Please Check Below:			LOCAL LICENS	SING AUTHC	ORITY
APPROVED:			By:		
DISAPPROVED					
(If disapproved ex	xpiain)		.		
			-		
DATE:			·		



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 001000014		CITY OR TOWN	ADAMS
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: ALLMAR ENT	TERPRISES, INC.		
DOING BUSINESS A C & J SPORT	TS PUB		
ADDRESS 012-14 PLEASANT ST.			
CITY/TOWN: ADAMS	STATE: MA	ZIP CODE:	01220
MANAGER: PEKOSZ, CRAIG A.	TYPE OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PRE TO INCLUDE OUTSIDE PATIO AF I hereby certify and swear under pena 1. the renewed license will be 2. the licensee has complied a 3. the premises are now open	REA. Ities of perjury that: e of the same type for the with all laws of the Comr	nonwealth relating to	
SIGNED BY Individual, Par	tner or Authorized Corpo	orate Officer	
DATE: TELEPH	IONE NUMBER:		IDENTIFICATION NUMBER:
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head	l of the fire departn	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



www.mass.gov/abcc

LICENSE NUM	MBER: 001000017		CITY OR TOWN A	ADAMS
APPLICATION	FOR RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: GRILLE INC. THE			
DOING BUSIN	IESS A			
ADDRESS 77	SUMMER ST.			
CITY/TOWN:	ADAMS	STATE: MA	ZIP CODE:	01220
	PACIOREK, TYPI DANIEL	E OF LICENSE: Res	taurant CAT	EGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION	OF LICENSED PREMISI	ES:		
ONE FLOOR,	ΓWO ROOMS,CELLAR U	SED FOR STORAC	E.	
I hereby certify	and swear under penalties of	of perjury that:		
	enewed license will be of the	* *	•	
	icensee has complied with a		_	axes; and
3. the p	premises are now open for b	ousiness (If not expla	in below)	
SIGNED BY	Individual, Partner o	or Authorized Corne	rata Officar	
	marviduai, Farmer (or Authorized Corpo.	rate Officer	
DATE:			EMPLOYED ID	NEWEYER A THOM AND IN ADED
DATE.	TELEPHONE	NUMBER:		DENTIFICATION NUMBER: dual Social Security Number)
			(Crosser <u>Lvor</u> marvi	addi Social Security (varioes)
	signed, attest that we are i			
	signed by the building insp and (2) the certificate of l			
of 2010.	and (2) the certificate of i	iquoi naomity msui	ance required by en	apter 110 of the Acts
Please Check Belov	w:		LOCAL LICENSIN	IC AUTHODITY
APPROVED:	<u></u>		By:	IO AUTHORITT
DISAPPROVE	D:		Dy.	
(If disapproved	explain)			
DATE:				
ADDI ICATION FOR	RENEWAL MUST BE FILED BY LIC	ENSEES DUDING THE MO	NITH OF NOVEMBER (M.C.)	I Ch 138 \$ 16A)



www.mass.gov/abcc

LICENSE NU	MBER: 001000019	C	ITY OR TOWN AI	DAMS
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
DOING BUSI	AME: JULIUS SLOV NESS A VICTORY ST.	VACKI SOCIETY		
CITY/TOWN:	: ADAMS	STATE: MA	ZIP CODE: 02	1220
MANAGER:	DEAN, ERIC G.	TYPE OF LICENSE: Club	CATE	GORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EMAI	L ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	EMISES:		
EMERGENC	Y EXITS ON CLIFFOI K AND CHECK ROO	ICTORY ST,2 EMERGENO RD LN SIDE,2 FLOORS,M M, KITCHEN,SMALL ASS	AIN FLOOR CONSI	STS OF BOILER
I hereby certify	y and swear under pena	lties of perjury that:		
1. the	renewed license will b	e of the same type for the sa	me premises now lice	nsed;
	_	with all laws of the Common	_	xes; and
3. the	premises are now oper	n for business (If not explain	below)	
SIGNED BY		rtner or Authorized Corpora	te Officer	
DATE:	TELEPH	HONE NUMBER:	EMPLOYER IDE	NTIFICATION NUMBER:
			(Note: NOT Individu	nal Social Security Number)
Acts of 2004,	signed by the buildin	e are in possession (1) the c g inspector and the head o te of liquor liability insura	f the fire departmen	t for the above
Please Check Bel	ow:		LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	d explain)			
DATE:				



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 001000020		CITY OR TOWN	ADAMS
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	LAMPIASI INC			
DOING BUSINESS	A VAL'S PIPE AND	PACKAGE		
ADDRESS 5 COLU	MBIA STREET			
CITY/TOWN: ADA	AMS	STATE: MA	ZIP CODE:	01220
MANAGER: LAM VIC		E OF LICENSE:Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	ES:		
	ΓWO STORY BLDG RONT ENTRANCE Α			
2. the licens	yed license will be of the base complied with sises are now open for bases.	all laws of the Com	monwealth relating to	
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHONE	E NUMBER:		t IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED:				ING AUTHORITY
DISAPPROVED:			By:	
(If disapproved explain	ain)			
DATE:				



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 001000023		CITY OR TOWN	ADAMS	
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NA	AME: OASIS LIQUOF	R STORE INC			
DOING BUSI	NESS A DAVID I. SOC	KEY, JR.			
ADDRESS 35	DEAN STREET				
CITY/TOWN:	ADAMS	STATE: MA	ZIP CODE:	01220	
MANAGER:	SOOKEY, DAVID TI. JR.	YPE OF LICENSE: Pac	kage Store CA	TEGORY: All Alcol	hol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EN	IAIL ADDRESS		
DESCRIPTION	N OF LICENSED PREM	MISES:			
ONE STORY	NCES AND EXITS IN I BLDG CONSISTING O DING IS 5550 SQ FT.				
I hereby certify	and swear under penalt	ies of perjury that:			
1. the	renewed license will be	of the same type for the	same premises now	licensed;	
2. the	licensee has complied w	ith all laws of the Comm	nonwealth relating to	taxes; and	
3. the	premises are now open f	or business (If not expla	in below)		
SIGNED BY			0.00		
	Individual, Partr	ner or Authorized Corpo	rate Officer		
D.A.TE					
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(Note: NOT IIIdi	vidual Social Security Number	ber)
Please Check Belo	<u>ow:</u>		LOCAL LICENS	NG AUTHORITY	
APPROVED:			By:		
DISAPPROVE					
(If disapproved	l explain)				
DATE:					



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 001000024	CITY OR TOWN ADAMS
APPLICATION FOR RENEWAL: Ar	nual LICENSED FOR 2013
CI	ASS YEAR
LICENSEE NAME: O'GEARY'S PACKAGE STO	RE, INC.
DOING BUSINESS A	
ADDRESS 60 COMMERCIAL STREET	
CITY/TOWN: ADAMS STATE	E: MA ZIP CODE: 01220
MANAGER: GEARY, JAMES TYPE OF LICI	ENSE: Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND EN	TER YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
ONE STORY BLDG CONSISTING OF APPROX. 4000SQ.FT.	1000SQ.FT. AND PARKING AREA OF APPROX.
I hereby certify and swear under penalties of perjury	that:
1. the renewed license will be of the same ty	pe for the same premises now licensed;
2. the licensee has complied with all laws of	the Commonwealth relating to taxes; and
3. the premises are now open for business (I	not explain below)
SIGNED BY	
Individual, Partner or Authori	zed Corporate Officer
DATE: TELEPHONE NUMBE	R: EMPLOYER IDENTIFICATION NUMBER:
	(Note: <u>NOT</u> Individual Social Security Number)
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	•
(If disapproved explain)	
DATE:	



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: (001000029		CITY OR T	YOWN ADAMS	
APPLICATION FOR F	RENEWAL:	Annual]	LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: (CHEE'S CHINESE	CUSINES, INC.			
DOING BUSINESS A					
ADDRESS 13 COLUM	IBIA STREET				
CITY/TOWN: ADAM	1S	STATE: MA	A ZIP CO	DE: 01220	
MANAGER: CHEE,	KAI MAN TYI	PE OF LICENSE:	Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMIS	SES:			
TWO STORY BRICK DEPOT STREET. RES CELLAR	TAURANT & KI	TCHEN FACILIT	IES ON FIRST		
I hereby certify and swe	ear under penalties	of perjury that:			
1. the renewed	license will be of	the same type for t	he same premis	es now licensed;	
2. the licensee	has complied with	all laws of the Co	mmonwealth re	lating to taxes; and	
3. the premises	are now open for	business (If not ex	plain below)		
SIGNED BY	Individual, Partner	or Authorized Co.	rporate Officer		
	•				
DATE:	TELEPHON	E NUMBER:	EM	PLOYER IDENTIFICAT	TION NUMBER:
	TEELITION	E NOMBER.	(Note: <u>I</u>	NOT Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed be named license and (2) of 2010.	y the building in	spector and the h	ead of the fire o	department for the	above
Please Check Below:			LOCAL L	ICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)				
DATE:					



www.mass.gov/abcc

LICENSE NUMBER: 001	000030	CITY OR TOWN ADAMS		
APPLICATION FOR REN	NEWAL: Annual	Annual LICENSED FOR		
	CLASS		YEAR	
LICENSEE NAME: JAN	MES S. VARELLAS			
DOING BUSINESS A PI	ZZA HOUSE			
ADDRESS 26 HOOSAC	ST			
CITY/TOWN: ADAMS	STATE: MA	A ZIP CODE: 10220		
MANAGER:	TYPE OF LICENSE:	Restaurant CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:				
PLEASE	E ALSO VISIT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		
DESCRIPTION OF LICE				
	O STORY BRICK BLDG CONS DOMS AND FRONT AND SIDE	ISTING OF A LARGE KITCHEN EXITS	AREA,	
3. the premises are	e now open for business (If not ex			
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA' (Note: <u>NOT</u> Individual Social)		
Acts of 2004, signed by t	he building inspector and the he	the certificate required by Chapter of the fire department for the surance required by Chapter 11	e above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY	
DATE:				



www.mass.gov/abcc

LICENSE NUMBER	:001000032		CITY OR TOWN	ADAMS	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 223 COL	UMBIA ST				
CITY/TOWN: ADA	AMS	STATE: MA	ZIP CODE:	01220	
MANAGER: ROSI	E, JIM	ГҮРЕ OF LICENSE: P a	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF I		IR WEBSITE AND ENTER YOUR E MISES:	EMAIL ADDRESS		
2. the license	ed license will be ee has complied v	of the same type for the with all laws of the Com for business (If not exp.)	monwealth relating to		
	Individual, Part	tner or Authorized Corp	orate Officer		
DATE:	TELEPH	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					
APPLICATION FOR RENEW	AL MUST BE FILED F	BY LICENSEES DURING THE M	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



www.mass.gov/abcc

LICENSE NUM	BER: 001000036		CI	TY OR TOWN	N ADAMS	
APPLICATION	FOR RENEWAL:	Annu	al	LICE	NSED FOR 20	13
		CLAS	SS			YEAR
LICENSEE NAM DOING BUSINE ADDRESS 6 TU		INC				
CITY/TOWN: A		STATE:	MA	ZIP CODE:	01220	
		~				A 11 A 1 1 - 1
	OLOMON ,JAMES TYPE	OF LICEN,	SE:Club		CATEGORY:	All Alconol
EMAIL ADDRE						
	PLEASE ALSO VISIT OUR WEBSI OF LICENSED PREMISES		YOUR EMAIL	ADDRESS		
THREE FLOOR FLR;HALL, DIN MEETING ROO	S, BASEMENT, BAR, STO NING ROOM, KITCHEN, E OM AND FIVE TENEMEN	OCK ROOM BAR LOCK FOCCUPII	ER ROOM ED BY ST	I, OFFICERS	ROOM, 2ND I	
•	nd swear under penalties of					
2. the lic	newed license will be of the censee has complied with all remises are now open for bu	laws of the	Common	wealth relating		
SIGNED BY	Individual, Partner or	Authorized	Corporate	Officer		
DATE:	TELEPHONE I	NUMBER:			ER IDENTIFICAT	
Acts of 2004, sig	gned, attest that we are in gned by the building inspe and (2) the certificate of lig	ctor and th	ne head of	the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED (If disapproved e):			OCAL LICEN	ISING AUTHO	DRITY
DATE:			-			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	001000041		CITY OR	TOWN	ADAMS	
APPLICATION FOR	RENEWAL:	Annual		LICENS	ED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	TAWJRW INC.					
DOING BUSINESS A	WO JO'S					
ADDRESS 27 SPRIN	G STREET					
CITY/TOWN: ADAI	MS	STATE: MA	ZIP CO	ODE:	01220	
MANAGER: WOJC A.	TIK, TRACEY TYPE		eneral on remise	CA	TEGORY:	All Alcohol
EMAIL ADDRESS:						
Pl	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS			י
DESCRIPTION OF L	ICENSED PREMISE	ES:				
MAIN LOUNG AREA ENTRANCE/EXIT O BUILDING AND ON	N SPRING STREET	, ONE ENTRANC	CE FROM TH	HE INTE		HE
I hereby certify and sw	vear under penalties o	f perjury that:				
1. the renewed	d license will be of th	e same type for th	e same premi	ises now 1	icensed;	
	e has complied with a			elating to	taxes; and	
3. the premise	es are now open for b	usiness (If not exp	lain below)			
SIGNED BY	Individual, Partner o	r Authorized Corp	orate Officer	•		
DATE:	TELEPHONE	NUMBER:	ER: EMPLOYER IDENTIFI			ION NUMBER:
			(Note:	NOT Indiv	vidual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and the hea	ad of the fire	departm	ent for the	above
Please Check Below:			LOCAL	LICENSI	NG AUTHO	ORITY
APPROVED:	_		By:			
DISAPPROVED:						
(If disapproved explain	11)					
DATE:						



www.mass.gov/abcc

LICENSE NUMBER: 001	000042	CITY OR TOWN ADAMS	
APPLICATION FOR REN	NEWAL: Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: BAS DOING BUSINESS A ADDRESS 1 SUMMIT RI	SCOM LODGE GROUP LLC		
CITY/TOWN: ADAMS	STATE: M.	A ZIP CODE: 01220	
MANAGER: DUDEK, J			Wine and Malt Regular
EMAIL ADDRESS:	ALSO VISIT OUR WEBSITE AND ENTER YOU	D FMAII ADDDESS	Mait Regular
DESCRIPTION OF LICE		R EMAIL ADDRESS	
	RANT ATOP MT GREYLOCK	STATE RES.	
I hereby certify and swear 1. the renewed lic 2. the licensee has	under penalties of perjury that: ense will be of the same type for	the same premises now licensed; mmonwealth relating to taxes; and	
SIGNED BY	vidual, Partner or Authorized Co	rporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
Acts of 2004, signed by t	he building inspector and the h	the certificate required by Chapt ead of the fire department for the surance required by Chapter 116	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORS:	ORITY
DATE:	IST RE EII EN RY LICENSEES DUDING TH	E MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN ADAMS
Annual	LICENSED FOR 2013
CLASS	YEAR
SE RESTAURAN	T & INN LLC
USE RESTAURAN	NT & INN LLC
STATE: MA	ZIP CODE: 01220
OF LICENSE: Res	staurant CATEGORY: All Alcohol
ITE AND ENTER YOUR EM	MAIL ADDRESS
S:	
	O SQ. FT, 2 OUTSIDE PORCHES, SQ FT AND EXITS ON NORTH SIDE,
perjury that:	
same type for the	same premises now licensed;
	nonwealth relating to taxes; and
siness (If not expla	ain below)
Authorized Corpo	orate Officer
NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
ector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts
	LOCAL LICENSING AUTHORITY
	By:
	CLASS SE RESTAURAN USE RESTAURAN STATE: MA OF LICENSE: Res THE AND ENTER YOUR ENTER S: REA & BAR 4000 AGE AREA 1000 S Perjury that: E same type for the laws of the Commisiness (If not explainly and the reaction of the commission